

03/13/00
JCS780 U.S. PTOPlease type a plus sign (+) inside box → Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

3-15-00

A
PTO/SB/05 (2/98)UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 30008-pa

First Inventor or Application Identifier Barry Farris

Title Method and Apparatus for the Storage . . .

Express Mail Label No. EL298172277US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages 33]
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets 9]
4. Oath or Declaration [Total Pages 1]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Assistant Commissioner for Patents
ADDRESS TO: Box Patent Application
Washington, DC 20231

6. Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))
9. 37 C.F.R. § 3.73(b) Statement (when there is an assignee) Power of Attorney
10. English Translation Document (if applicable)
11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
 - Small Entity Statement(s) Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired
14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. Other:

* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No. /

Prior application Information: Examiner _____

Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)				
or <input checked="" type="checkbox"/> Correspondence address below					
Name	Bernhard Kreten				
Address	77 Cadillac Drive, Suite 245				
City	Sacramento	State	California	Zip Code	95825
Country	United States	Telephone	(916) 921-6181	Fax	(916) 921-9213

Name (Print/Type)	Bernhard Kreten	Registration No. (Attorney/Agent)	27,037
Signature	3/13/2000		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

CERTIFICATE OF MAILING UNDER 37 CFR 1.10

Applicant: Barry Farris
For: Apparatus and Method for the Storage and Transfer of a Lyophilisate
Paper:

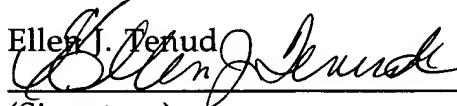
1. Patent Application - utility (comprised of pages 1 through 33);
2. Utility Patent Application transmittal letter;
3. Fee Transmittal (original and one copy);
4. Declaration for Patent Application;
5. Verified Statement Claiming Small Entity Status (independent inventor);
6. Nine (9) sheets of drawing figures (comprised of figures 1-9);
7. PTO 1449 (including prior art copies); and
9. A check in the amount of \$666.00, \$345.00 which reflects the government fee for utility patent application; \$243.00 of which reflects the government fee for 27 claims in excess of 20; and \$78.00 of which reflects the government fee for 2 independent claims in excess of 3.

I hereby certify that the above identified correspondence, which is attached, is being deposited with the **United States Postal Express Mail, Post Office to Addressee, mailing label EL298172277US** in an envelope addressed to:

Assistant Commissioner for Patents, Box Patent Application, Washington DC 20231

on March 13, 2000.

Ellen J. Tenud


(Signature)

March 13, 2000

(Date of Signature)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2000

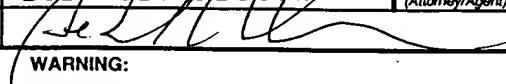
Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 666.00)

Complete If Known

Application Number	
Filing Date	March 13, 2000
First Named Inventor	Barry Farris
Examiner Name	
Group / Art Unit	
Attorney Docket No.	30008-pa

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																						
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:				3. ADDITIONAL FEES																																						
Deposit Account Number	11-1734			Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																			
Deposit Account Name	Bernhard Kreten			105	130	205 65 Surcharge - late filing fee or oath																																				
<input type="checkbox"/> Charge Any Additional Fee Required <input checked="" type="checkbox"/> Under 37 CFR §§ 1.16 and 1.17				127	50	227 25 Surcharge - late provisional filing fee or cover sheet																																				
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				139	130	139 130 Non-English specification																																				
FEE CALCULATION																																										
1. BASIC FILING FEE																																										
<table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>690</td> <td>201</td> <td>345</td> <td>Utility filing fee</td> <td>345</td> </tr> <tr> <td>106</td> <td>310</td> <td>206</td> <td>155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>480</td> <td>207</td> <td>240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>690</td> <td>208</td> <td>345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table>								Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description		Fee Paid	101	690	201	345	Utility filing fee	345	106	310	206	155	Design filing fee		107	480	207	240	Plant filing fee		108	690	208	345	Reissue filing fee		114	150	214	75	Provisional filing fee	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description		Fee Paid																																						
101	690	201	345	Utility filing fee	345																																					
106	310	206	155	Design filing fee																																						
107	480	207	240	Plant filing fee																																						
108	690	208	345	Reissue filing fee																																						
114	150	214	75	Provisional filing fee																																						
SUBTOTAL (1) (\$ 345.)																																										
2. EXTRA CLAIM FEES																																										
<table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>47</td> <td>-20**</td> <td>27</td> <td>9. 243</td> </tr> <tr> <td>Independent Claims</td> <td>- 3**</td> <td>2</td> <td>39. 78</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Total Claims	Extra Claims	Fee from below	Fee Paid	47	-20**	27	9. 243	Independent Claims	- 3**	2	39. 78	Multiple Dependent																						
Total Claims	Extra Claims	Fee from below	Fee Paid																																							
47	-20**	27	9. 243																																							
Independent Claims	- 3**	2	39. 78																																							
Multiple Dependent																																										
** or number previously paid, if greater; For Reissues, see below																																										
<table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>78</td> <td>202</td> <td>39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>260</td> <td>204</td> <td>130</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>78</td> <td>209</td> <td>39</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table>								Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description		Fee Paid	103	18	203	9	Claims in excess of 20		102	78	202	39	Independent claims in excess of 3		104	260	204	130	Multiple dependent claim, if not paid		109	78	209	39	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description		Fee Paid																																						
103	18	203	9	Claims in excess of 20																																						
102	78	202	39	Independent claims in excess of 3																																						
104	260	204	130	Multiple dependent claim, if not paid																																						
109	78	209	39	** Reissue independent claims over original patent																																						
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																						
SUBTOTAL (2) (\$ 321.)																																										
Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 0.00)																																						

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Bernhard Kreten		Registration No. (Attorney/Agent)	27,037	Telephone (916) 921-6181
Signature			Date	March 13, 2000	

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.